
Partner Agency Facility Usage Questionnaire

Note: All sections must be completed in order to process request.

Entity Information:

Official Name: COUNCIL OF THREE RIVERS AMERICAN INDIAN CENTER INC

Address: 120 CHARLES STREET, DOBSONVILLE, GA 15238-1027

Non-profit? YES No

If yes, please provide details (type of organization, date, certification,...):

501(c)3, non profit social service organization, incorporated
1972

Federal Tax ID Number: 23-7176642

Overview (list ALL services provided):

Employment and Training for Native American Populations

Entity Authorized Contact Name: KERRY JENSEVAR / WIA PROGRAM DIRECTOR

Entity Contact Number(s): (Office) 412 782-4457 (Cell) X219 E-mail: kjensevar@cotrac.org

The following support documents must be attached to GS-101:

- Current annual report filed with the Kentucky Secretary of State
- Mission Statement
- Organizational chart
- Source, amount & duration of funding (private, state or Federal, loan; Grants, ...)
- Business plan
- Anticipated organizational budget identifying the proposed amount for lease and operational expenses.
- Annual cash flow report (if an existing entity). If new, a projected annual CF report must be submitted.

Please submit the questionnaire and all required attachments to the department responsible for conducting the initial evaluation.

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LFUCG Internal Evaluation:

Requesting Department / Division: SOCIAL SERVICES

Proposed initial length of agreement: 57 Months

Note: All lease agreements to expire by June 30th.

Requested By:

Name: Beck K. Mills Title: DSB Commissioner Date: 11/7/13

Approval () initials Title: Director / Deputy Director Date: ___/___/___

Approval () initials Title: Commissioner Date: ___/___/___

Comment:

Council of Three Rivers American Indian Center, Inc. is a 501(c)3 non-profit social service organization that works to provide employment & training for Native American populations. The organization occupies approximately 11 SF of space within the buildings and will pay fair market value for use of the space.

Entity Evaluation & Overview:

Entity meets Urban County need YES NO

Please provide detail:

Serves as one member of the one-stop for employment training

PARTNERSHIP OBLIGATION CLASSIFICATION:

Entity and LFUCG are parties to an agreement whereas facility funding is required by ordinance, contract or resolution (other than a PSA) YES NO

Provide detail:

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PROPOSED LEASE & SPACE ALLOCATION:

Number of Employees: 1 (FT), — (PT)

Requested Space: 111 (Sft.)

Proposed Location Address: BSS INDUSTRY ROAD - Central Kuc Job Center

O&M Expenses (\$/Sft./Yr.): (\$) 3.10 (Determined by Real Estate/Properties Section)

Note: Tenant may be required to submit Space Needs Analysis form provided by Department of General Services

RENT ANALYSIS:

I) Calculated Fair Market Rent: \$ 10.53 \$/Sft./Yr. (Determined by Real Estate/Properties Section)
Note: Tenant to pay its prorata share of all direct & indirect operating and maintenance expenses plus base rent.

II) Calculated O&M Costs: \$ 3.10 \$/Sft./Yr. (Determined by Real Estate/Properties Section)

III) Calculated Base Rent (I-II): \$ 7.43 \$/Sft./Yr.

IV) Proposed adjustments/subsidies/assistance applied toward base rent (III) only: (By Others)

Reduction %: 0, (\$/Sft./Yr.): 0, (\$/Year): 0

V) Final Adjusted Rent (I-IV): \$ 1,168.20 \$/Sft./Yr. or \$ 10.53 \$/F

Please identify the source of funding to offset any proposed adjustments/reductions:

Occupant will pay the full FAIR MARKET VALUE for use of the space.

Approved by:

Beth K. Mills

Date: 11/7/13

Commissioner of requesting Department

[Signature]

Date: 11/15/13

Director of Facilities & Fleet Management

[Signature]

Date: 11/14/13

Commissioner of General Services

Date: —/—/—

CAO

Note:

The Department of General Services will initiate the Blue Sheet process for Council's review and final approval once all of the appropriate signatures have been secured.